

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 671876**

**(1)**

1. Corporation Name  
**CORPORATE DYNAMICS, INC.**



Principal Place of Business  
**5821 HOLLYWOOD BLVD**  
**#201**  
**HOLLYWOOD FL 33021**  
**US**

Mailing Address  
**5821 HOLLYWOOD BLVD**  
**#201**  
**HOLLYWOOD FL 33021-6327**  
**US**

2. Principal Place of Business  
 21 **6100 Hollywood Blvd**

22 **#108**

23 **Hollywood FL**

24 **33024-7981** 25 **USA**

2a. Mailing Address  
 26 **6100 Hollywood Blvd**

27 **#108**

28 **Hollywood FL**

29 **33024-7981** 30 **USA**

3. Date Incorporated or Qualified <b>05/23/1980</b>	3a. Date of Last Report <b>04/26/1996</b>
4. FEI Number <b>59-2069560</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**SORIN, HERMAN I**  
**2009 N PARK ROAD**  
**HOLLYWOOD FL 33021**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
	85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-stating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORIN, HERMAN I</b>	12 NAME	
STREET ADDRESS	<b>2009 N PARK ROAD</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD, FL 00000</b>	14 CITY-ST-ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORIN, LILLIAN M.</b>	22 NAME	
STREET ADDRESS	<b>2401 SOUTH OCEAN DRIVE, SUITE 2808</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I or here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address.

SIGNATURE: \_\_\_\_\_ **03/21/97** **954-989-2227**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)